

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Property Casualty Insurers Association of America California Political Action Committee (MPO)			<b>Date of This Filing</b> 03/13/2018	Date Stamp   Page 1 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 830078		<b>Report No.</b> 2		
STREET ADDRESS			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
CITY Chicago	STATE IL	ZIP CODE 60631-3512	<b>No. of Pages</b> 2		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>STREET ADDRESS</b>					
<b>CITY</b> Chicago	<b>STATE</b> IL	<b>ZIP CODE</b> 60631-3512			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
03/13/2018	Friends of Josh Newman Opposed to the Recall Sacramento, CA 95814  ID# 1396225	Josh Newman State Senate District 029 Jurisdiction: State Senate District	\$1,500.00	06/05/2018

Reason for Amendment: